



MARTY J. JACKLEY  
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA  
**LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION**

DIVISION OF CRIMINAL INVESTIGATION  
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER  
1302 E. HIGHWAY 14 - Suite 5  
PIERRE, SOUTH DAKOTA 57501-8505

**CANINE TEAM**  
**CERTIFICATION APPLICATION**  
**Must Be Renewed Annually**

**SECTION I – APPLICANT**

Application Type: ☐ New ☐ Renewal ☐ Canine Team Change ☐ Patrol ☐ Narcotics Detection ☐ Explosive Detection

Handler Name (Last)	(First)	(MI)	Male ( )	Female ( )
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Employing Agency:

Employing Agency Address: STREET OR RFD / CITY OR POST OFFICE / STATE ZIP CODE

Contact Telephone Telephone _____	Contact Fax No. _____ E-mail _____
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Date of Birth (month, day, year) _____	12. Social Security Number _____	8. South Dakota <u>Basic Officer</u> Certification Date _____
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Canine Name	Canine Identification Number	Breed	Color / Marks
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**SECTION II – TRAINING**

(Section II - Training does not need not be completed for Renewal Application)

Name of training school or agency delivering training	Dates Attended From To	Date of Completed Training (mo, date, yr)	Instructor's Name

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Head's Signature/Designee

\_\_\_\_\_  
Date

JB \_\_\_\_\_ SC \_\_\_\_\_ KK \_\_\_\_\_

For Law Enforcement Training Use Only

Canine Tm Apl 06/05